

MS 4012
COUNTY COUNCIL OF BERWICK.



ANNUAL REPORT

ON THE

Health and Sanitary Condition
of the County and Districts,

BY

ANDREW A. MCWHAN,

M.B., B.S.C., D.P.H.

MEDICAL OFFICER OF HEALTH,

YEAR 1924.

Berwick & Town

Printed by Messrs. W. & A. G. W. & Co., Ltd.,

Printers, West Street.



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COUNTY OF BERWICK.

Report by the Medical Officer of Health for the Year 1924.

*To the Scottish Board of Health ; to the County
Council of Berwick, and District Committees
thereof.*

My Lords and Gentlemen,

In conformity with the requirements of the Local Government (Scotland) Act, 1889, Section 53, the Public Health (Scotland) Act, 1897, Section 15, and the Regulations of the Scottish Board of Health, I have the honour to submit to you my Report on the Health, Vital Statistics, and General Sanitary Conditions of the County of Berwick and its several Districts for the year 1924.

I am,

My Lords and Gentlemen,

Your obedient Servant,

ANDREW A. McWHAN.

County Offices,

Duns,

20th April, 1925.

Annual Report by Medical Officer of Health.

The Board, in virtue of their powers under Section 15 of the Public Health (Scotland) Act, 1897, hereby call upon every Medical Officer of Health of a District or a County, or of any part thereof, to prepare annually a Report with regard to his district for the year ending 31st December. The Report shall contain :—

- a.* A general account of influences and conditions injurious or dangerous to the health of the district, and of the measures that in his opinion should be adopted for its improvement.
- b.* A statement of the general enquiries he has made during the year, and of any special enquiries as to sanitary matters.
- c.* A general statement of any matters as to which he has given advice or granted certificates, including any action as to offensive trades.
- d.* A specific account of the administration of the Factory and Workshop Act, 1901, in workshops and workplaces, in terms of Section 132 of that Act, together with a tabular statement in the form required by the Home Office. Special attention is directed to the Board's Circular of 14th November, 1921, regarding Sections 61, 97-100, 109, and 110 of the Act.
- e.* An account of any proceedings under the Housing (Scotland) Acts, 1890-1924, dealing specifically with (1) the sufficiency of working class dwellings, (2) the habitability of existing dwellings, and the action taken to deal with defective or uninhabitable dwellings, (3) any scheme under consideration or contemplated for the improvement of insanitary areas under Parts I. and II. of the Housing of the Working Classes Act, 1890, and (4) the action taken where instances of overcrowding have been ascertained or suspected*.
- f.* A statement showing whether any conditions have arisen, or are expected to arise, pointing to the expediency of a town-planning scheme for the proper control of further development.

*N.B.—Where the Medical Officer of Health has been designated by the Local Authority as the Officer who is to act under Article I. (3) of the Housing (Inspection of District) Regulations, 1910, the information required in the Form of Report issued with the Board's Circular of 15th December, 1924, shall be sent direct to the Board. The information contained therein should also be included in his Annual Report.

- g. An account of the presence or absence of pollution of rivers or streams in the district, the sources and nature of any such pollution, and any action taken to check it.
- h. An account of the hospital accommodation available for persons suffering from infectious disease in general, and smallpox in particular (including the means provided for the conveyance of such persons), and of the houses of reception, with observations on the furnishing, maintenance, administration, and adequacy of such accommodation, &c.
- i. An account of the premises with necessary apparatus and attendance available for the destruction or disinfection of infected articles (including the means for the conveyance and return of such articles), also of other processes of disinfection in use, with observations on the adequacy of such arrangements and processes.
- j. An account of the action taken to prevent the outbreak and spread of infectious disease.
- k. A statement of any action taken (a) for the control of acute primary pneumonia, acute influenzal pneumonia, malaria, dysentery, and trench fever, under the Public Health (Pneumonia, Malaria, Dysentery, &c.) Regulations (Scotland), 1919, and (b) with regard to "carriers" under the Public Health (Infectious Disease Carriers) Regulations (Scotland), 1921.
- l. A statement of the facilities available for the treatment of persons suffering from venereal diseases, with recommendations as to any further measures that might usefully be taken for dealing with these diseases in the Local Authority's area.
- m. A statement as to the causes, origin, and distribution of diseases within the district, and the extent to which the same have depended on or have been influenced by conditions capable of removal or mitigation.
- n. A statement of the measures adopted for the administrative control of tuberculosis, with recommendations as to any further measures that might usefully be put in force by the Local Authority. (In cases where this work is being undertaken by the County Council in terms of Section 41 (3) of the National Insurance Act, 1913, the information under this heading should be given by the County Medical Officer.)
- o. A statement of the arrangements made and work performed under the Scheme of Maternity Service and Child Welfare, and of other relevant particulars in the form appended to this circular. Medical Officers of Health of Local Authorities that have no scheme of maternity service and child welfare or that are members of

Combination Authorities for maternity service and child welfare in terms of the Notification of Births (Extension) Act, 1915, need not furnish the particulars in the appended statement, except under headings 1-4 inclusive.

- p. A report on the working of the Notification of Births Act, 1907. (This applies to areas where a scheme of maternity service and child welfare has not yet been carried into operation).
- q. An account of any action taken under the Dairies, Cowsheds, and Milkshops Orders, the Milk and Dairies (Amendment) Act, 1922, the Milk (Special Designations) Order (Scotland), 1923, the Condensed Milk Regulations, 1923, and the Dried Milk Regulations 1923. It should be noted (1) that the approval of the Board is required to the arrangements made by Local Authorities before any licences for the sale of graded milk are issued, and (2) that, in terms of Article 7 of the Condensed Milk and Dried Milk Regulations, certain infringements are to be reported to the Board. The Annual Report should also contain a list of the names and addresses of those persons to whom new licenses for the sale of graded milk have been granted during the year.
- r. An account of the work done under Section 43 of the Public Health (Scotland) Act, 1897, for the inspection of meat and other articles of food; observations on unsound food, food inspection, and the sanitary condition of premises where foods are manufactured, prepared, stored, or exposed for sale, indicating any important respects in which existing powers have been found inadequate for dealing with insanitary conditions in such places. A separate Return dealing with inspections at slaughter houses under the Public Health (Meat) Regulations (Scotland), 1924, is being called for.
- s. A report on the work done by the Local Authority under the Sale of Food and Drugs Acts, with observations on any special questions which have received or require attention.†
- t. An account of any proceedings under the Rag Flock Act, 1911†.
- u. A tabular statement, in such form as the Scottish Board of Health may from time to time direct (1) of the cases of infectious disease notified in the district, and (2) of the infantile mortality within the district. Where the Medical Officer of Health has information shewing the number of cases of infectious disease occurring in houses of different sizes, he should record it in tabular form under this heading.

†Information under these headings is required only in cases where the Medical Officer of Health or Sanitary Inspector has been appointed to deal with the Acts or Orders.

Arrangement of Report.

In previous years I have grouped many matters concerning sanitary areas together. The Scottish Board of Health has, however, objected, and the report has accordingly been re-arranged. What the report loses in compactness and interest it may gain in definiteness.

Administrative Services.

I hesitate to refer to administrative services. At the commencement of the year it seemed as if all the difficulties which had been experienced in connection with staffing had come to an end. The health visitor whose more or less continuous absence had been the cause of so much difficulty was to be replaced, and additional medical assistance provided. Unfortunately, however, owing to difficulties in obtaining a health visitor, no new appointment was made until the end of July, and the appointment only commenced on 1st September. The other health visitor, who had been trying to do the work of two, went off sick in June and was practically unavailable for out-door service up to the end of the year, since when she has also resigned.

The medical officer appointed to give part-time assistance also went on the sick list, with the result that his time fell short, and I understand he is now leaving the district.

At one time in July I was left absolutely alone. Had the year been an average one, this loss of time would have been serious enough, but with an infectious disease notification list of nearly three times the usual number, with an extraordinary percentage of complications and difficulties, and with the largest year's work done under the Tuberculosis Scheme, the conduct of the public health and tuberculosis schemes became a matter of the very greatest difficulty. None of the services administered by the County Council or by the district committees suffered in any way, as these are largely services personal to a medical officer. The services of other authorities, such as the Central Child Welfare Committee and the Education Authority, for the conduct of which women health visitors are essential, did, however, necessarily suffer.

Density of Population.

The area of Berwickshire, exclusive of the Burghs, is 291,732 acres or 455.83 square miles. The average densities, according to the last census, are 0.075 persons to the acre or 48.2 to the square mile.

Births, Deaths, and Marriages for County of Berwick.

				Population.	Births.	Deaths.	Marriages
1871 (Census Year)	..			36,382	1113	591	190
1891 (Census Year)	..			32,311	782	617	165
1901 (Census Year)	..			30,824	694	456	189
1911 (Census Year)	..			29,643	580	381	184
1914 .. .. .	..			27,865	519	407	156
1915 .. .. .	..			27,681	507	431	128
1916 .. .. .	..			27,508	509	367	138
1917 .. .. .	..			27,395	413	347	138
1918 .. .. .	..			27,324	452	411	150
1919 .. .. .	..			27,019	453	420	187
1920 .. .. .	..			26,755	601	307	188
1921 (Census Year)	..			28,395	549	412	181
1922 .. .. .	..			28,022	494	413	153
1923 .. .. .	..			27,516	492	332	159
1924 .. .. .	..			26,823	519	387	180

In the Table as given above, the populations for the Census years are the actual Census Populations. For intervening years they are estimated populations as calculated by the Registrar-General.

Causes of Death (Corrected for Transfers).

	East District.	Middle District.	West District.	Coldstream Burgh.	Eyemouth Burgh.	Lauder Burgh.	All Berwickshire (excluding Duns Burgh).
Enteric Fever	0	0	0	0	0	0	0
Typhus Fever	0	0	0	0	0	0	0
Smallpox	0	0	0	0	0	0	0
Measles	1	2	0	0	0	0	3
Scarlet Fever	2	1	0	0	0	0	3
Whooping Cough	0	0	0	0	0	0	0
Diphtheria	0	0	0	0	0	0	0
Influenza	6	3	1	2	0	0	12
Encephalitis Lethargica	1	0	0	0	0	0	1
Cerebro-Spinal Meningitis	0	0	0	0	0	0	0
Other Epidemic Diseases	0	0	0	0	0	0	0
Tuberculosis of Respiratory System	4	3	3	1	1	0	12
Tuberculous Meningitis	0	1	0	0	0	0	1
Tuberculosis of Intestines and Peritoneum	1	1	0	1	0	0	3
Other Tuberculous Disease	1	3	0	1	0	0	5
Malignant Tumours	20	7	8	2	1	1	39
Rheumatic Fever	0	0	1	0	0	0	1
Meningitis (not Cer., Spin., or Tuberc.)	1	0	0	0	0	0	1
Apoplexy	10	12	8	2	5	2	39
Heart Disease	13	17	15	2	6	0	53
Diseases of Arteries	6	3	3	0	1	0	13
Bronchitis	5	5	3	0	1	0	14
Pneumonia (all forms)	4	15	3	4	4	0	30
Other Diseases of Respiratory System	1	0	3	0	0	1	5
Diarrhoea and Enteritis (under 2 years)	1	0	0	0	0	0	1
Appendicitis	1	1	1	0	0	0	3
All Diseases of Liver (not malignant)	0	0	5	0	0	0	5
Nephritis (Acute and Chronic)	3	2	3	0	2	3	13
Puerperal Sepsis	0	0	0	0	0	0	0
Other Dis. and Acc. of Preg. and Parturition	0	0	1	0	0	0	1
Dis. of Early Infancy and Malformations	4	5	0	0	2	0	11
Suicide	0	0	1	0	0	0	1
Other Violent Deaths	2	2	1	0	1	1	7
Other Defined Diseases	25	14	10	6	4	3	62
Causes ill-defined or unknown	2	3	1	0	1	0	7
All Causes	114	100	71	21	29	11	346

Notifiable Infectious Disease.

Summary of Notifications—1924.

The following table shows a summary of the cases of infectious diseases notified :

			East District.	Middle District.	West District.	Landward part of County.	Burgh of Coldstream.	Burgh of Lauder	Burgh of Eyemouth.
Typhoid or Enteric									
Fever .. ..	..	..	1	0	0	1	0	0	0
Typhus Fever .. ..	..	..	0	0	0	0	0	0	0
Smallpox (suspected) ..	..	..	1	0	0	1	0	0	0
Scarlet Fever .. ..	..	..	63	126	23	212	0	0	20
Diphtheria .. ..	..	..	5	0	1	6	0	0	0
Erysipelas .. ..	..	..	2	1	0	3	0	0	0
Puerperal Fever .. ..	..	..	1	1	1	3	0	0	0
Cholera .. ..	..	..	0	0	0	0	0	0	0
Relapsing Fever .. ..	..	..	0	0	0	0	0	0	0
Continued Fever .. ..	..	..	0	0	0	0	0	0	0
Cerebro Spinal Fever ..	..	..	1	0	0	1	0	0	0
Ophthalmia									
Neonatorum .. ..	..	..	2	1	0	3	0	0	0
Tuberculosis .. ..	..	..	20	14	18	52	11	2	11
Malaria .. ..	..	..	0	0	0	0	0	0	0
Pneumonia—									
Acute Primary .. ..	..	..	33	4	4	41	1	0	1
Influenzal .. ..	..	..	5	3	1	9	1	3	0
Chickenpox .. ..	..	..	3	12	4	19	0	1	10
Encephalitis Lethargica	1		3	1	5	2	0	0	
Anthrax .. ..	..	..	0	0	0	0	0	0	0
Polio-myelitis .. ..	..	..	1	0	1	2	0	0	0
			139	165	54	358	15	6	42
Cases removed to									
Hospital .. ..	..	..	44	85	23	152	7	1	21

Infectious Disease Notified since 1913.

The number of cases of infectious diseases, notifiable and otherwise notified each year since 1913 is shown in the following tables :—

	Smallpox (suspected)	Scarlet Fever.	Enteric Fever.	Erysipelas.	Puerperal Fever.	Diphtheria.	Tuberculosis.	Malaria.	Ophthalmia Neonatorum.	Cerebro-Spinal Fever.	Polio-myelitis.	Acute Influenzal Pneumonia.	Acute Primary Pneumonia.	Encephalitis Lethargica.	Anthrax.	Chickenpox.	TOTAL.
1913	0	50	7	15	0	64	30	0	0	0	0	0	0	0	0	0	166
1914	0	163	0	14	2	31	42	0	0	0	3	0	0	0	0	0	255
1915	0	88	5	15	1	28	44	0	0	0	0	0	0	0	0	0	181
1916	0	65	2	7	0	50	36	0	0	0	0	0	0	0	0	0	160
1917	0	84	2	5	0	16	48	0	0	2	0	0	0	0	0	0	157
1918	0	46	0	13	0	18	64	0	1	1	0	0	0	0	0	0	143
1919	0	23	2	8	0	34	53	1	3	4	0	10	1	0	0	0	139
1920	0	27	1	13	1	27	46	0	4	3	0	3	29	0	0	0	154
1921	0	56	0	5	1	21	38	1	2	2	0	4	14	1	1	20	166
1922	0	31	2	5	3	9	50	0	1	0	0	10	15	1	0	32	159
1923	0	58	3	3	2	16	61	0	1	0	0	0	10	0	0	27	181
1924	1	232	1	3	3	6	76	0	3	1	2	13	43	7	0	30	421

It will be noted that during 1924, 421 cases of infectious disease were notified, as compared with 181 last year and 159 for the previous year.

Hospital statistics, and details as to the cases, are given in a later section. I would here only refer to two points, viz., the transmission of infection and disinfection. With regard to the first, I cannot state too clearly that the actual source of infection, in most cases, lies in the throat and nose discharges of the patient. It is the patient that is really dangerously infectious, and not his surroundings. The remarkable thing about the outbreak of scarlet fever is not so much the unusually large number of cases, but the fact that there were not many more, as in many cases I found great neglect and carelessness exercised by patients and their friends. One young man was at a dance the night before he was removed to hospital, and was ill at the dance; one child was attending school, and was only sent to the doctor on account of an "itchy rash": the rash was that of scarlet fever. Another case was taken over the county in various conveyances with a view to trying the

effect of fresh air; when, ultimately, a doctor was called in, she was also found to be suffering from scarlet fever. I quote these few instances to show the great need for care on the part of parents and relatives.

Great stress has been laid in the past upon chemical disinfection in cases of infectious disease. There is no question but that in many diseases chemical disinfection is a valuable asset in the prevention of further trouble, but where infection is personal to the individual, as in the case of scarlet fever, too strict reliance on disinfection may lull people's feelings with regard to their own personal responsibility, when, as a matter of fact, by needless exposure of the patient, or carelessness in other ways, they may be unwittingly doing their best to spread the disease.

Statistical Information regarding Patients in Millerton and Gordon Hospitals for year 1924.

Millerton Hospital.

Gordon Hospital.

Number of Patients in Hospital at midnight on 31st December, 1923 :—

Scarlet Fever	4	Diphtheria	1
		Scarlet Fever	10
		Tuberculosis—	
		Pulmonary	5
		Non-Pulmonary ..	0
			— 5
—			—
4		Total	16

Admitted in year 1924 :—

Scarlet Fever	4	Measles	2
		Scarlet Fever	169
		Diphtheria	3
		Primary Pneumonia ..	1
		Tuberculosis—	
		Pulmonary	18
			— 18
—			—
Total	4	Total	193

Discharged in 1924 :—

Scarlet Fever 8	Primary Pneumonia .. 1
	Measles 2
	Scarlet Fever 157
	Diphtheria 4
	Tuberculosis—
	Pulmonary .. 13
	— 13
Total 8	Total 177

Number of Patients in Hospital at midnight on 31st December, 1924 :—

Scarlet Fever 19
Tuberculosis—
Pulmonary .. 6
— 6
Total 25

Deaths :—

7

Bed-patient Days :—

Scarlet Fever 320	Scarlet Fever .. 8075
	Measles 41
	Diphtheria 67
	Primary Pneumonia .. 10
	Tuberculosis—
	Pulmonary 1939
	— 1939
Total 320	Total .. 10,132

Note.—The day of admission and the day of discharge are counted as one day.

In addition to the bed patient days for 1924 for Millerton and Gordon Hospitals, 252 bed patient days were also paid for at the City Fever Hospital, Edinburgh, all on account of mastoid abscesses. 405 bed patient days were put in at Belhaven Hospital, and 700 at Berwick-on-Tweed Infectious

Diseases Hospital. I have to express my indebtedness to the Medical Officers of Health for the City of Edinburgh, County of Haddington, and the Borough of Berwick-upon-Tweed, for the help that was given in this and other matters. Altogether, for the year 1924, 11,809 bed patient days fall to be recorded. For 1923, 739 bed patient days were put in at Millerton, while Gordon had 3,812, making a total of 4,551 bed patient days, while in the case of the year 1922 Millerton Hospital had 733 bed patient days, and Gordon 2,785, while both together had 3,518. In previous years, before the Tuberculosis Pavilion at Gordon Hospital was opened, an average of 700 bed patient days each was considered quite a good average year's work. This year's record of Gordon Hospital will therefore be appreciated. Not only did the year constitute a record in the number of cases treated, but it also constituted a record in the number of complications that we met with. Out of the 220 scarlet fever cases, the following complications were found :— Malignant scarlet, 4 ; septic throat, 7 ; meningitis, 1 ; otorrhoea, 11 ; mastoid abscess, 5 ; adenitis, 15 ; scarlatinal rheumatism, 2 ; arthritis, 2 ; anaemia, 1 ; rhinorrhoea, 10 ; nephritis, 4 ; cough and sputum, 1.

When it comes to the cases kept at home, things were very little better. It is naturally more difficult to know accurately what happens up and down the county, but one case of scarlet fever was first diagnosed on the occurrence of of a mastoid abscess, and was sent to Edinburgh for operation.

Other complications were :—Adenitis, 15 ; otorrhoea, 3 ; neuritis, 1 ; rheumatism, 2 ; nephritis, 4 ; uraemia, 1.

During the year, Millerton Hospital had one return case of scarlet fever, Berwick-on-Tweed 3, and Gordon 13. The return cases in Gordon Hospital occurred only when the patients were discharged directly from the ward to their homes. None occurred in the early portion of the year, when the strain on the accommodation was less marked, and when cases could be retained for a short time in the observation block, away from the atmosphere of patients.

Three cases of scarlet fever died during the year.

Smallpox and Vaccination.

All the Local Authorities of my area are members of the Smailholm Smallpox Hospital Combination.

In the case of an emergency, free vaccination can also be arranged for in all areas without delay, and supplies of lymph obtained from the Board of Health.

So far as exemptions from vaccination are concerned, in the East District 12 were exempted out of 171 births ; in the Middle District 4 were exempted out of 146 births ; in the West District 18 out of 104 ; 1 exemption out of 20 births in the Burgh of Coldstream ; 2 exemptions out of 8 births in Lauder ; and 23 out of 59 births in Eyemouth.

Administrative Control of Tuberculosis.

The cases of pulmonary and non-pulmonary forms of tuberculosis notified for the various areas during the year 1924 are as follows :—

Summary of Notifications of Tuberculosis for 1924.

	Pulmonary Tuberculosis.	Non-Pulmonary Tuberculosis.	Both Pulmonary & Non-Pulmonary.	Total Cases
East District	7	9	4	20
Middle District	6	6	2	14
West District	11	7	0	18
Burgh of Coldstream ..	9	2	0	11
Burgh of Eyemouth ..	5	6	0	11
Burgh of Lauder	1	1	0	2
	39	31	6	76

The tuberculous cases known to be resident in the County (with the exception of Duns) at the end of 1924 numbered 246, of which 124 were cases of pulmonary, 113 of non-pulmonary tuberculosis, and 9 of both forms. The figures quoted represent the known number, not the actual number, which is greater.

During the year 25 deaths from tuberculous disease occurred in the three districts and the four burghs, of which

17 were ascribed to pulmonary tuberculosis, 6 to non-pulmonary tuberculosis, and 2 to both.

Out of the 76 cases of tuberculosis brought to my knowledge during 1924, 70 were notified by practitioners, and the remaining 6 were brought to knowledge after death, through the death registration system. Out of the 25 patients who died during 1924 from some form of tuberculosis, no fewer than 11 were notified after death or within two months of death, and of that number, 6, as has already been said, were notified after death.

During the year 27 patients received domiciliary treatment. In Gordon Hospital were treated 23 patients ; in Noranside Sanatorium, 1 ; in Hairmyres Colony, 6 ; in East Fortune, 11 ; in Craighleith Hospital, 1 ; and 1 in Sick Children's Hospital. Of these cases, 6 received both institutional and domiciliary treatment.

The Health Visitors paid 182 domiciliary visits, including 38 visits to discharged sailors and soldiers, and they made 16 journeys to hospitals or sanatoria or dentist with patients, escorting in all 20 patients.

Dr. T. P. Herriot, the part time Tuberculosis Officer appointed by the County Council at their meeting of December, 1923, assumed duty on March 7th, and a report was to be presented to the Scottish Board of Health on the working of the arrangement for the first year.

Dr. Herriot was to give 52 days in the year, but, unfortunately, for one reason or another, from 16th May to 31st December he has only been able to give 14 days out of a proportion of 32 days due. Such assistance as he has been able to give has been of the very greatest value, but I understand that he is now leaving the district and that the arrangement has entirely fallen through. This is a matter of regret, as, if his services are not replaced in some way, the only result will be an unavoidable increase in institutional treatment.

Dental treatment also received some attention, and, so far as I can say at the moment, the results have been most

successful. In the case of one patient who, some time ago, had all his carious teeth removed and an artificial set of teeth fitted, the operation has apparently rendered unnecessary a long and expensive course of sanatorium treatment, and the patient has held down his job all the time. In other cases it has apparently been the means of cutting down the length of time required for sanatorium treatment. During the year, 11 cases were so treated.

The question has been raised whether bad teeth cause tuberculosis. Carious teeth cannot cause tuberculosis, as the cause of that disease is the bacillus or germ of tuberculosis, but, if what I have written in previous reports has been understood, it will be realised that most people in this country are infected with tuberculosis in childhood, but that the natural resistance of the body enables the body to conquer the germ of tubercle. Where, however, the body has a lower resistance—from any cause whatever—including the energy-sapping and poisoning effects of bad teeth, then the resistance of the body may be so lowered as to tip the balance in favour of the tubercle germ, in which case the individual then or afterwards suffers from tuberculosis. Carious teeth, therefore, while not the direct cause of tuberculosis, may in many cases be the indirect cause.

As regards East Fortune, it was expected that the sanatorium would be open for general use in the month of September, but, unfortunately, owing to various causes that was impossible, with the result that only 11 patients were treated in the sanatorium. Since then all departments have been opened, and, at the moment of writing, 14 patients are receiving treatment. A very interesting report has been issued by Dr. Cameron, Medical Superintendent of East Fortune, for a period covering from 1st September, 1922, to 15th December, 1924. On page 4 of that report he states that out of 139 cases admitted to the Institution, 25 were found not to be tuberculous. The doctor writes:—"This number of patients in whom the admission diagnosis was not confirmed may appear unduly large, but it must be emphasised that diagnosis can often only be completed when a patient is under hospital observation. None of these patients lost

anything by being admitted. All of the children gained much."

Apparently one of these non-tuberculous cases came from Berwickshire. She was sent in as an obscure case of tuberculosis, but, as a matter of fact, the diagnosis proved incorrect, and she died a short time afterwards of malignant disease.

I have already stated that out of the 25 patients who died during 1924, no fewer than 11 were notified after death or within two months of death. It is for that reason that I have stressed the importance of early diagnosis, at which stage arrest of the disease is most probable, but it is precisely at that stage that the greatest difficulty in diagnosis occurs. It is, however, infinitely better to give these cases the benefit of the doubt and secure a correct diagnosis, even with some trouble, than allow the case to continue, with the probability of a fatal termination.

There is every evidence to show that the joint sanatorium at East Fortune will fill a very much-needed want to the community, and that its services are very much appreciated by those who have experienced them, and by their friends. What, however, is going to prove a great difficulty is the attitude of the railway company in connection with railway fares. Tuberculous patients sent to East Fortune know, as a rule, that they will be there for long periods of time, with the result that visits from their relatives are not only much appreciated but tend to keep the patients happy and contented, and so accelerate arrest of the disease. Out of the seven counties, however, that are partners in the East Fortune combination, the only county to which the London and North Eastern Railway Company has not granted cheap bi-weekly fares is the County of Berwick, and one result is that I have met some hesitation to send children to East Fortune on account of the difficulty in visiting them. It is not only with regard to East Fortune that this drawback holds, but equally with regard to other medical schemes administered by the county authorities. So far as a large section of the population of Berwickshire is concerned, the extended use of the motor car enables them to dispense with railway facilities, but for working

people, and it is chiefly for the working people that these medical schemes exist, it may be difficult or impossible for them to pay the ordinary fares demanded. Not so very long ago, one child was over eight months in Edinburgh hospitals. On several occasions his condition was most critical, but only once did a relative see him, and on that occasion the father's fare was paid by a kind-hearted landlord. I understand that twice weekly cheap tickets may be had from St. Boswells to Edinburgh for 5/1, while a parent a few miles further east at Gordon requires to pay 12/8, and if from Duns, 13/10. When cheap fares have been granted by a railway company which has a monopoly, to all other counties within the joint combination area, it is difficult to see why an invidious discrimination should be exercised in the case of Berwickshire. It is, however, for the various authorities to take the matter up.

Maternity Service and Child Welfare Scheme.

The report this year is in accordance with the Appendix to the Board's Circular dated 30th December, 1924.

The first four paragraphs are dealt with in the District and Burghal Reports, and, accordingly, this section starts with paragraph 5.

Home Visitation.

5.—It is not possible this year to give the information required under this paragraph, as, owing to the absence on sickness of both health visitors and child welfare nurses, the work almost came to a standstill. The total number of visits paid during the year by nurses was 4,649.

Voluntary Health Visitor's Report (if any).

6.—There are no voluntary health visitors.

Ante-natal Consultations.

7.—There are no ante-natal consultations, but 4 mothers were sent to the Royal Maternity Hospital for ante-natal treatment.

Post-natal and other Consultations.

8.—There are no post-natal or other consultations.

Child Welfare Consultations.

9.—The only child welfare centre is a voluntary one at Coldstream, at which 10 meetings were held during the year, on the first Wednesday of the month, with a total attendance of 125 children under 5 years. Individual mothers advised numbered 24, while the individual babies supervised numbered 34. Each month a short talk is given on suitable subjects, and the small library and periodie distribution of pamphlets provide further means of education. Three evening lectures were also given.

Special Treatment Centres.

10.—There are no speeial treatment centres, but nine children were brought up for examination by Dr. Sym, who treated them for squint and other eye defects. One of these was later sent to the Royal Infirmary and operated on for cataract.

The child who was so long in the Crippled Children's Home, Edinburgh, was transferred at the age of five to the Education Authority. A letter of thanks from the parents states that the child, who went to the Home a helpless invalid, is now able to run about and is improving daily.

Two children under five were sent to East Fortune under the Tuberculosis Scheme. Three babies were sent to the Royal Hospital for Sick Children for surgical treatment, and did very well; one of these was cured of a very distressing and unusual congenital deformity, and the mother was very grateful for the help given.

Day Nurseries, Kindergartens, and Play Centres.

11.—There are no Day Nurseries, Kindergartens, or Play Centres.

Food and Milk.

12.—Those who obtained above numbered 56, including mothers expectant and nursing, and children under five years of age.

Their number was distributed as follows:—Expectant mothers, 1; nursing mothers, 5; children under 5, 50; of whom 26 were resident in Eyemouth, and the remainder scattered throughout the County.

Other requests have been made both by doctors and others for this form of relief, but have had to be refused owing to inability to cope with the work.

Measles.

13.—Measles is not notifiable in this County.

Whooping Cough.

14.—Whooping cough is not notifiable in this County.

Ophthalmia Neonatorum.

15.—Three cases were notified by doctors and treated at home.

Epidemic Diarrhoea.

16.—There are no measures for epidemic diarrhoea.

Maternity Hospitals or Homes.

17.—Four mothers were sent to the Royal Maternity Hospital for ante-natal treatment, while one mother and baby was cared for by the Salvation Army at the request of the Child Welfare Committee, and was given a chance of a fresh start, one which has certainly been taken advantage of in this case.

Homes for Unmarried Mothers, before and after Confinement.

18.—One mother was treated in the Bonnington Bank Home after confinement.

Hospitals for Sick Children.

19.—Three babies were sent to the Royal Hospital for Sick Children, Edinburgh, for surgical treatment, and did very well.

Convalescent Homes.

20.—There are no Convalescent Homes.

Boarding-out.

21.—No children were boarded out during the year.

Home Helps.

22.—None are available.

Educational.

23.—The only educational measures were through lectures given at Coldstream, and they have already been referred to.

24.—There are no other Agencies.

25.—No cases of pneumonia, etc., were treated.

EAST DISTRICT.

(b) On 16th August I received a letter from a doctor in the East District asking me to examine the drinking and cooking water supply of the South Lodge, Houndwood, as he was of opinion that there existed a plumbic solvent effect. In the same letter he also mentioned another doubtful water supply at the Mill House, Reston. As the circumstances of the water at the Mill House were known to me personally, I took no action, but as regards the Houndwood Lodge, I made a personal inspection and had the water examined. No lead was found, but the well was grossly polluted and I strongly advised its immediate cleansing.

In a letter dated 25th August, the doctor further wrote that he was informed that he should notify cases of plumbism to the police authorities, and that he had done so in two cases. I understood from the letter that these were the two cases referred to in his letter of 16th August.

From 9th September further cases of plumbism were reported at Townfoot, Coldingham ; Grantshouse ; West Loch Lodge, Coldingham ; High Street, Coldingham ; Chalkielaw, Duns ; Gunsgreenhill, Eyemouth ; Quixwood, Grantshouse and Northfield Cottages, St. Abbs.

After the first two cases had been notified, however, and had been enquired into, no further steps were taken until the end of September, when I was made aware of a house at Grantshouse in which lead had been reported as having been discovered in the water supply. On making further enquiry I found that Dr. Affleck had given a death certificate on 27th June, the primary cause of death being lead poisoning. This case was reported to the police, who, instead of reporting it to me, reported it to the sanitary inspector, who visited Grantshouse and brought pressure to bear upon the local water committee, but who, unfortunately, did not bring it to my notice. As the doctor got no reply to his representations, he then communicated with the Secretary for Scotland, when the Scottish Board of Health immediately sent down Dr. Watt, one of their medical officers. It seems that in 1914

a new spring was tapped for the village and the water conducted from it by a 2-inch iron pipe to the houses south of the Post Office. However, by a junction between the new iron pipe and the proximal 60 yards of the old lead pipe, the new supply was conducted through the latter to the Post Office tap and to the house in which the fatal case occurred. The water was immediately screwed off and the old lead pipe disconnected, with a view to the substitution of a new 2-inch iron pipe. Subsequently to the Medical Inspector's visit, I had the water in the cement-lined cistern of one of the house's supply through the lead pipe examined for lead, and lead was found in it equivalent to 0.030 grain of metallic lead per gallon, and another sample was taken from the water which was lying in the lead pipe itself, and lead was found in it equivalent to 0.095 grain of metallic lead per gallon.

These were not reassuring figures, and had the use of the water been allowed to continue, cases of lead poisoning would have occurred.

(d) During the year 37 visits were paid to Factories, Workshops, and Workplaces.

(e) The Public Health Committee of the County Council at their meeting on 8th November, 1923, after consideration of my Annual Report for the year 1922, requested me to raise the housing question again with each Local Authority, and on 25th January, 1924, I wrote the Clerk of the East District Committee reminding him that on 28th May, 1920, I represented 5 houses at Fortune's Row, Chirnside, as in a state so dangerous or injurious to health as to be unfit for human habitation; and in a letter dated 21st July, 1922, a house also at Lamberton Toll. Other houses which have been represented include the Rock House, Chirnside; and the dwelling house at No. 9 Holding, Foulden. The dwelling house at No. 9 Holding, Foulden, and the house at Lamberton Toll belonged to the Board of Agriculture for Scotland, and I understand that very extensive alterations and improvements have been effected by the Board at No. 9 Holding, while a Closing Order has been passed by the East District Authority with regard to the house at Lamberton Toll.

(f) No conditions have arisen or are expected to arise pointing to the expediency of a Town Planning Scheme.

(g) With the exception of the River Whiteadder, there are no particular sources of river pollution, although the drainage from both Reston and Ayton drains into the River Eye. In the case of the Whiteadder, a large paper mill on its banks used to give some trouble, but there have been no complaints for a long time. The sewage from Chirnside Special Drainage District, with a population of approximately 816, is treated at a sewage purification works consisting of screening chamber, liquefying tanks, percolating filter, and land irrigation.

(h) The East District is a partner in Millerton Combination Hospital, which was burned down on 16th February, 1924. Since then the East District have agreed to rebuild the infectious diseases wards which were destroyed. The East District is a partner in the Border Smallpox Combination Hospital. Some time before the hospital was burned, a Ford car was purchased and fitted up as an ambulance. There are no houses of reception.

(i) The East District Committee has never had a steam disinfecter, and any disinfection that requires to be done has had to be done by chemical disinfection or sulphur fumigation.

(j) No fewer than 119 cases of ordinary infectious diseases were notified during the year. Of this number 63 were cases of scarlet fever, while 33 were of acute primary pneumonia. The principal outbreaks of scarlet fever occurred in the Ayton and Renton districts in April and May. The two outbreaks were quite distinct. The Ayton outbreak started with German measles in the schoolhouse at Auchencrow on 7th April. On 24th April, other children in the schoolhouse sickened, and nine doubtful cases were notified outside. All the cases were visited along with Dr. Taylor, of Coldingham. The outbreak had the epidemiological characteristics of an outbreak of German measles, but on 24th April one child developed a mastoid and had to be sent to the City Fever Hospital, Edinburgh, for operation. Close enquiry revealed the fact that the child sickened on 8th April, and that there

was a history of rash and peeling. Under the circumstances, it was difficult to escape the conclusion that the outbreak was one of scarlet fever crossed with German measles. In the case of the Renton outbreak, Renton School was closed and every house visited. Several cases of scarlet fever were found on visiting the farm cottages. These were sent to hospital, and no further cases occurred. During the year Auchencrow School was closed from 24th April to 22nd May inclusive on account of scarlet fever and German measles, and Renton School from 28th April to 5th May inclusive on account of scarlet fever.

In addition, a case of smallpox was notified from Cairncross, Reston, on 8th September. On receipt of a telephonic message from the doctor the case was visited at once, and later in company with the doctor.

The first appearance reminded me of a bad case of measles, but the boy had a bright and alert expression and was in no way prostrated, and there was no history of prostration or severe illness. On stripping him for examination, his arms, chest, abdomen, and back were covered with reddish papules; there were vesicles and one or two scabs. On counting the papules and vesicles I found the following:—Right side—Hand, 7; forearm, 42; arm, 59. Left side—Hand, barely developed; forearm, 27; arm, 50. Face—42 or more. Chest and abdomen—80 above the nipple line alone, without any reference to the abdomen or back. On the left hand the papules were only pink spots, while over the body generally there were vesicles. On the arm they were unilocular, superficial, in both axillae; some were oval, and as I have already said, they were in all stages.

There was a very well defined vaccination mark on the left arm, and taking that fact along with the distribution of the rash, the absence of prostrating illness and the other features, I came to the conclusion that the case was one of chickenpox, and accordingly isolated the patient at home and reported the circumstances to the Scottish Board of Health.

The ease was afterwards seen twice by Dr. Watt of the Scottish Board of Health, who confirmed the diagnosis of chickenpox.

(k) No action required to be taken for the control of acute primary pneumonia, etc.

(l) The East District Committee has no facilities for treating patients with venereal disease.

(p) 1.—INFANTILE MORTALITY.

(a) Number of deaths, 4.

(b) Rate per 1,000 births, 25.

(c) Number of deaths, and rates per 1,000 births classified according to age groups and causes of death.

Age Groups.—Under one week, 4.

Injury at birth	..	..	..	..	1
Premature birth	..	..	..	..	1
Congenital debility	..	..	..	..	2

2.—BIRTHS.

(a) Number registered, 160 (i.) Legitimate, 154 (ii.) Illegitimate, 6.

(b) Number notified under Notification of Births Act, 1907, 111.

(c) Number classified according to nature of attendant (doctor, midwife, etc.) All attended by doctor so far as is known.

(d) Number of still births (births of dead children). 3.

3.—MATERNAL MORTALITY.

(a) Number of deaths resulting from miscarriage or childbirth, none.

(b) Number of deaths resulting from puerperal sepsis, none.

4.—REPORT UNDER MIDWIVES (SCOTLAND)

ACT, 1915.

Four district nurses with the C.M.B. are resident in the district, and act as maternity nurses.

(*q*) No action was taken and no new licenses for the sale of Graded Milk were granted.

(*r*) The District Sanitary Inspector inspects meat and other articles of food.

(*u*) See statistical summaries and also paragraphs (*j*) and (*o*).

MIDDLE DISTRICT.

(*d*) During the year 43 visits were paid to Factories, Workshops, and Workplaces. One written notice was served on account of want of cleanliness, and it was attended to.

(*e*) 7 houses have been represented as uninhabitable under the Housing of the Working Classes Act, 1890, in Polwarth, 2 in Greenlaw, and 1 in Swinton. 4 houses in Polwarth have been closed by Closing Orders; 1 house in Greenlaw has been renovated, and the house at Swinton was closed by the owner.

(*f*) No conditions are expected to arise pointing to the expediency of a Town Planning Scheme.

(*g*) Chirnside Paper Mill, which used to cause pollution to the Whiteadder, also referred to in the East District Report, is actually in this district, and, as I have said, there has been no cause for complaint for some time. The only sewage works in the Middle District are for Langton Special Drainage District, with a population of 176, which discharges into the Langton Burn.

(*h*) The Middle District is a partner in the Gordon Combination and in the Border Smallpox Hospital. A motor

ambulance is stationed at Gordon. There is no house of reception.

(i) A steam disinfector is provided at Gordon Hospital.

(j) During the year no fewer than 151 cases of general infectious diseases were notified, of which 126 were cases of scarlet fever. The majority of the cases were in the neighbourhood of Leitholm and Duns. Leitholm School was closed from 19th to 21st May on account of scarlet fever, and the Infant Department of Allanton School on 23rd and 24th June, on account of measles.

(k) No action was taken for the control of acute primary pneumonia, etc

(l) The Middle District has no facilities for the treatment of persons suffering from venereal disease.

(p) 1.—INFANTILE MORTALITY.

(a) Number of deaths, 7.

(b) Rate per 1,000 births, 52.2.

(c) Number of deaths and rates per 1,000 births classified according to age groups, and causes of death.

Age Groups—

Under 1 week, 4—Premature birth	..	..	..	2
Congenital debility	..	..	..	2
1 week and under 4 weeks, 2—Premature birth	..	..	..	2
4 weeks and under 3 months, 1—Convulsions.				

2.—BIRTHS.

(a) Number registered, 134 (i.) Legitimate, 120 (ii.) Illegitimate, 14.

(b) Number notified under Notification of Births Act, 1907, 91.

(c) Number classified according to nature of attendance (doctor, midwife, etc.) All attended by doctor so far as is known.

(d) Number of still births (births of dead children), 10.

3.—MATERNAL MORTALITY.

- (a) Number of deaths resulting from miscarriage or childbirth, none.
- (b) Number of deaths resulting from puerperal sepsis, none.

4.—REPORT UNDER MIDWIVES (SCOTLAND) ACT, 1915.

Two district nurses with the C.M.B. are resident in the district, and act as maternity nurses.

(q) The cows in one dairy were inspected by the Veterinary Surgeon, but I understand no cows were found defective.

(r) Food and meat are inspected at intervals by the Sanitary Inspector.

(u) See statistical summaries and also paragraphs (j) and (o).

WEST DISTRICT.

(d) During the year 31 visits were paid to Factories, Workshops, and Workplaces.

(e) The only house that has ever been represented under the Housing of the Working Classes Act, 1890, is the School-house at Hume, which at present is being repaired by the Education Authority.

(f) The only centre of population is Earlston, and although houses are certainly urgently required there, yet it can scarcely be said that a Town Planning Scheme is required.

(g) The River Leader runs through the district and is liable to pollution from the Burgh of Lauder and Earlston, both of which places have sewage works. Sewage works are also installed at Gordon and Clintmains.

(h) The West District is a partner in the Gordon Combination and in the Border Smallpox Hospital. A motor ambulance is stationed at Gordon. There is no house of reception.

(i) A steam disinfecter is provided at Gordon Hospital.

(j) During the year 36 cases of infectious diseases were notified, of which 23 were of scarlet fever. The usual preventive means were taken.

(k) No action required to be taken for the control of acute primary pneumonia, etc.

(l) The West District has no facilities for treating persons with venereal disease.

(p) 1.—INFANTILE MORTALITY.

(a) Number of deaths, 3.

(b) Rate per 1,000 births, 29.7.

(c) Number of deaths and rates per 1,000 births, classified according to age groups and causes of death.

Age Groups—

4 weeks and under 3 months—1 Congenital debility.

1 Other digestive diseases.

3 months and under 6 months—1 pneumonia.

2.—BIRTHS.

(a) Number registered, 101 (i.) Legitimate, 93 (ii.) Illegitimate, 7.

(b) Number notified under Notification of Births Act, 1907, 25.

(c) Number classified according to nature of attendance (doctor, midwife, etc.) All attended by doctor so far as is known.

(d) Number of still births (births of dead children), 7.

3.—MATERNAL MORTALITY.

(a) Number of deaths resulting from miscarriage or childbirth, none.

(b) Number of deaths resulting from puerperal sepsis, none.

4.—REPORT UNDER MIDWIVES (SCOTLAND) ACT, 1915.

Maternity nurses are obtained, as required, from the Berwickshire Nursing Association.

(g) No action was taken.

(r) The District Sanitary Inspector inspects meat and other articles of food.

(u) See statistical summaries and also paragraphs (j) and (o).

COLDSTREAM BURGH.

(d) During the year 32 visits were paid to Factories, Workshops, and Workplaces.

(e) 14 houses have been reported under Section 30 of the Housing of the Working Classes Act, 1890, as being unfit for human habitation. Most of these were represented on account of dampness, bad ventilation, or defective lighting. 12 houses have been erected by the Town Council under the 1919 Housing Scheme.

(h) Coldstream Burgh is a partner in Gordon Combination Hospital and in the Border Smallpox Hospital.

(i) A steam disinfecter is provided at Gordon Hospital.

(j) There were only 4 cases of ordinary infectious diseases notified during the year, 1 case being of acute primary pneumonia, 1 of influenzal pneumonia, and the other 2 of Encephalitis Lethargica.

(l) There is no scheme for venereal disease.

1.—INFANTILE MORTALITY.

- (a) Number of deaths, none.

2.—BIRTHS.

- (a) Number registered, 20 (i.) Legitimate, 19 (ii.) Illegitimate, 1.
- (b) Number notified under Notification of Births Act, 1907, 3.
- (c) Number classified according to nature of attendance (doctor, midwife, etc.) All attended by doctor so far as is known.
- (d) Number of still births (births of dead children), 2.

3.—MATERNAL MORTALITY.

- (a) Number of deaths resulting from miscarriage or childbirth, none.
- (b) Number of deaths resulting from puerperal sepsis, none.

4.—REPORT UNDER MIDWIVES (SCOTLAND) ACT, 1915.

There is no midwifery practice in the Burgh.

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- (q) No action was taken.
- (r) Inspections of meat and food are made at intervals.
- (u) See statistical tables and paragraphs (j) and (o).
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EYEMOUTH BURGH.

(d) During the year 69 visits were paid to Factories, Workshops, and Workplaces. One written notice was served on account of want of cleanliness, and it was attended to.

(e) On the 25th August, 1921, I represented 84 houses to the Town Council under Section 30 of the Working Classes

Aet, 1890, as being unfit for human habitation. Dampness was almost a constant factor in the causes of representation ; a great majority had no w.c. ; ventilation in many cases was very seriously defective, and many of the rooms were specially dark and foul. Some of the houses were only fit for closure. One house that I reported had an extremely dark room with a floor below the level of the street ; the room used as a pantry was extremely damp, and the bucket used as a latrine bucket stood in the middle of the floor. Another house consisted of one small room and a very tiny one, inhabited by two adults and four children. Between children, beds, furniture, crockery, vases and other household goods there was literally no breathing space whatever. Another house was practically a cellar dwelling. The bedroom was underground, had no window, and was also used as a coal cellar.

It is obvious from these figures that there is neither a sufficiency of working-class dwellings nor a reasonable standard of habitability. The low standard of housing in Eyemouth has been the cause of much consideration on the part of the Town Council, which has built 12 houses under the 1919 Housing Scheme, all of which are occupied at a rental of £18 per annum. Under more recent Housing Schemes 6 have been built, of which 3 are at the present moment occupied. By private enterprise I understand that 2 houses have been built and that 4 are under construction. It was originally intended to build 60 houses under the Housing Schemes.

(f) In my opinion the conditions have now arisen pointing to the expediency of a Town Planning Scheme for the proper control of further development. The houses that have been erected under the Housing Schemes are rather larger in size than the tenants of the condemned houses could pay for, and the amount of garden ground around each house means that a few houses cover a large area of ground. It must be recognised that Eyemouth is a fishing town, and it is extremely unlikely that it will be anything else. The average fisherman requires a house near the harbour, and few that I have spoken to are enthusiastic for gardens. The result over all is that the provision of the houses under the Housing Scheme does very little to relieve the congestion among the poorer working

class and fishermen, and if anything is to be done for that class it can only be through a reconstruction scheme in the actual burgh.

(g) The main sewer discharges into the harbour, and is apt to cause a nuisance in warm weather at low tide.

A much-needed improvement for Eyemouth would be a public slaughter-house. Both the present slaughter-houses are situated in the middle of Eyemouth, and their position is by no means ideal.

(h) The Town Council of Eyemouth is a partner in the Millerton Hospital for general infectious diseases, and in the Border Hospital Combination for smallpox. On Saturday, 16th February, 1924, however, the infectious disease wards at Millerton Hospital were burned to the ground in a few minutes, and after that date all infectious cases were sent to Gordon Hospital. A Ford ambulance has been stationed at Ayton for the purpose of conveying patients from Eyemouth and other areas within the East District to hospital.

There are no houses of reception.

(i) Millerton Hospital has never had a steam disinfecter, and the means of disinfection have consequently been limited to such disinfection as could be supplied by the Burgh Sanitary Inspector. The need for a steam disinfecter in the case of Eyemouth is urgent.

(j) 30 cases of infectious diseases were notified during the year, of which 20 consisted of scarlet fever and 10 of chicken-pox. During a slight outbreak of scarlet fever during the months of March and April, at one time in Gordon Hospital the Burgh of Eyemouth had more cases of scarlet fever under treatment than it had notified in any year since I became Medical Officer of Health, with the exception of one year. The ordinary means of prevention were taken.

(k) The question of control of acute primary pneumonia, etc., did not arise during the year.

(l) Eyemouth has no means whereby its citizens have a right to free treatment for venereal disease.

(o) 1.—INFANTILE MORTALITY.

(a) Number of deaths, 3.

(b) Rate per 1,000 births, 56.6.

(c) Number of deaths and rates per 1,000 births, classified according to age groups and causes of death.

Age Groups—

1 week and under 4 weeks—1 Atrophy.

4 weeks and under 3 months—1 Pneumonia.

3 months and under 6 months—1 Pneumonia.

2.—BIRTHS.

(a) Number registered (i.) Legitimate, 50 (ii.) Illegitimate 3.

(b) Number notified under Notification of Births Act, 1907, 53.

(c) Number classified according to nature of attendance (doctor, midwife, etc.) All attended by doctor so far as is known.

(d) Number of still births (births of dead children), 2.

3.—MATERNAL MORTALITY.

(a) Number of deaths resulting from miscarriage or childbirth, none.

(b) Number of deaths resulting from puerperal sepsis, none.

4.—REPORT UNDER MIDWIVES (SCOTLAND) ACT, 1915.

A district nurse with the C.M.B. is resident in the Burgh and acts as maternity nurse.

(g) No action was taken under this section during the year.

(r) The Sanitary Inspector makes periodical inspections.

(v) The cases of infectious diseases have been given under paragraph (j), and infantile mortality under paragraph (o).

LAUDER BURG.

(*d*) During the year 13 visits were paid to Factories, Workshops, and Workplaces.

(*e*) No action has been taken.

(*h*) Lauder Burgh is a partner in the Gordon Hospital Combination, and also in the Border Smallpox Hospital.

(*i*) A steam disinfecter is provided at Gordon Hospital.

(*j*) Only four cases of ordinary infectious diseases were notified during the year, viz., 3 cases of influenzal pneumonia, and one case of chickenpox.

(*l*) No facilities for the treatment of venereal disease exist.

1.—INFANTILE MORTALITY.

(*a*) Number of deaths. none.

2.—BIRTHS.

(*a*) Number registered, 8 (*i.*) Legitimate. 8 (*ii.*) Illegitimate, 0.

(*b*) Number notified under Notification of Births Act, 1907, 2.

(*c*) Number classified according to nature of attendance (doctor, midwife, etc.) All attended by doctor so far as is known.

(*d*) Number of still births (births of dead children), 1.

3.—MATERNAL MORTALITY.

(*a*) Number of deaths resulting from miscarriage or childbirth, none.

(*b*) Number of deaths resulting from puerperal sepsis, none.

4.—REPORT UNDER MIDWIVES (SCOTLAND) ACT, 1915.

There is no midwifery practice, but nurses are obtained, when required, from the Berwickshire Nursing Association.

(*q*) No action was taken.

(*r*) Inspections of meat and food were made at intervals.

(*u*) See statistical tables, and paragraphs (*j*) and (*o*).

